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Bib Data Sheet

CONFIRMATION NO. 6006

|                             |  |              |                        |                                 |
|-----------------------------|--|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/700,709 | FILING OR 371(c)<br>DATE<br>11/04/2003<br>RULE | CLASS<br>711 | GROUP ART UNIT<br>2186 | ATTORNEY DOCKET NO.<br>DC-06058 |
|-----------------------------|--|--------------|------------------------|---------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***

*None* *1B*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None* *PB*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/11/2004

|                                 |  |              |                    |
|---------------------------------|--|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                    |              |                    |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |              |                    |
| Verifier and Acknowledged       | Allowance<br><i>[Signature]</i><br>Examiner's Signature Initials                                       |              |                    |
| STATE OR COUNTRY                | SHEETS DRAWING   | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| TX                              | 3  | 14           | 2                  |

**ADDRESS**

33438

**TITLE**

System and method for remote raid configuration

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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